- 498 63 Oral and written summation
- 498.64 Record of hearing.
- 498.66 Waiver of right to appear and present evidence.
- 498.68 Dismissal of request for hearing.
- 498.69 Dismissal for abandonment.
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- 498.71 Notice and effect of dismissal and right to request review.
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- 498.74 Administrative Law Judge's decision. 498.76 Removal of hearing to  $\bar{D}$ epartmental Appeals Board.
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#### Subpart E—Departmental Appeals Board Review

- 498.80 Right to request Departmental Appeals Board review of Administrative Law Judge's decision or dismissal.
- 498.82 Request for Departmental Appeals Board review.
- 498.83 Departmental Appeals Board action on request for review.
- 498.85 Procedures before the Departmental Appeals Board on review.
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- 498.95 Extension of time for seeking judicial review.

### Subpart F—Reopening of Decisions Made by Administrative Law Judges or the **Departmental Appeals Board**

- 498.100 Basis, timing, and authority for reopening an ALJ or Board decision.
- 498.102 Revision of reopened decision.
- 498.103 Notice and effect of revised decision.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

Source: 52 FR 22446, June 12, 1987, unless

EDITORIAL NOTE: Nomenclature changes to part 498 appear at 61 FR 32349, June 24, 1996.

# Subpart A—General Provisions

# § 498.1 Statutory basis.

(a) Section 1866(h) of the Act provides for a hearing and for judicial review of the hearing for any institution or agency dissatisfied with a determination that it is not a provider, or with any determination described in section 1866(b)(2) of the Act.

- (b) Section 1866(b)(2) of the Act lists determinations that serve as a basis for termination of a provider agreement.
- (c) Sections 1128 (a) and (b) of the Act provide for exclusion of certain individuals or entities because of conviction of crimes related to their participation in Medicare and section 1128(f) provides for hearing and judicial review for exclusions.
- (d) Section 1156 of the Act establishes certain obligations for practitioners and providers of health care services, and provides sanctions and penalties for those that fail to meet those obligations.
  - (e)-(f) [Reserved]
- (g) Although §1866(h) of the Act is silent regarding appeal rights for suppliers and practitioners, the rules in this part include procedures for review of determinations that affect those two groups.
- (h) Section 1128A(c)(2) of the Act provides that the Secretary may not collect a civil money penalty until the affected entity has had notice and opportunity for a hearing.
  - (i) Section 1819(h) of the Act—
- (1) Provides that, for SNFs found to be out of compliance with the requirements for participation, specified remedies may be imposed instead of, or in addition to, termination of the facility's Medicare provider agreement; and
- (2) Makes certain provisions of section 1128A of the Act applicable to civil money penalties imposed on SNFs.
- (j) Section 1891(e) of the Act provides that, for home health agencies (HHAs) found to be out of compliance with the conditions of participation, specified remedies may be imposed instead of, or in addition to, termination of the HHA's Medicare provider agreement. (k) Section 1891(f) of the Act—
- (1) Requires the Secretary to develop a range of such remedies; and
- (2) Makes certain provisions of section 1128A of the Act applicable to civil money penalties imposed on HHAs.

[52 FR 22446, June 12, 1987, as amended at 59 FR 56251, Nov. 10, 1994; 61 FR 32349, June 24, 19961

# § 498.2 Definitions.

As used in this part—

Affected party means a provider, prospective provider, supplier, prospective